| | - 1 | | _ ` _ | 09/ | 22 | 7/7/ | / |
|---|------------------------------|----------------------------|---------------------|------------------------|-----------|---------------------|------------------------|
| | tive October 1, 20 | 000 | D , | \circ | | Ocket Nur | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL E | NTITY | | | R THAN |
| TOTAL CLAIMS | 45 | | RATE | FEE | OR 7 | | ENTITY |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC FE | _ | | RATE BASIC FEE | FEE 710.00 |
| TOTAL CHARGEABLE CLAIMS | 54 minus 20= | . 8 | X\$ 9= | | 1 | | 710.00 |
| INDEPENDENT CLAIMS | / minus 3 = | . 0 | X40= | | OR | | |
| MULTIPLE DEPENDENT CLAIM P | RESENT | | A40= | ╂ | OR | X80= | ļ |
| * If the difference in column 1 is | less than zero, enter | "0" in column 2 | +135= | <u> </u> | OR | +270= | |
| | MENDED - PAR | | TOTAL | <u> </u> | OR | TOTAL | D/() |
| (Column 1) | (Colum | nn 2) (Column 3) | SMALL | ENTITY | OR | OTHER | |
| REMAINING AFTER AMENDMENT Total | NUME PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · · | Minus •• | = Q | X\$ 9= | | OR | X\$18= | |
| FIRST PRESENTATION OF ML | Minus JLTIPLE DEPENDENT | CLAIM | X40= | | OR | X80= | |
| | | | +135= | | OR | +270= | |
| | | | TOTAL ADDIT, FEE | | OR , | TOTAL ADDIT, FEE | |
| (Column 1) | (Colum | | | | _ | | |
| ≥ | NUME PREVIO PAID F | PRESENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • Independent • | Minus ** | = · | X\$ 9= | | OR | X\$18= | |
| Independent • FIRST PRESENTATION OF MU | Minus | CLAIM C | X40= | | OR | X80= | |
| | | | +135= | | OR | +270= | |
| | | | TOTAL ADDIT, FEE | | Ľ OR ∡ | TOTAL DDIT. FEE | |
| (Column 1) | (Column | n 2) (Column 3) | | | • | | |
| REMAINING AFTER AMENDMENT Total Independent FIRST PRESENTATION OF AMENDMENT | HIGHE NUMBE PREVIOUS PAID FO | ER PRESENT JSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| Total | Minus ** | = | X\$ 9= | | OR | X\$18= | FEE |
| Independent • | Minus *** | · = | X40= | | - | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ——— [°] | DR _ | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDITION THE PROPERTY OF | | | | | PR | +270= | |
| "If the "Highest Number Previously Paid The "Highest Number Previously Paid The "Highest Number Previously Paid | 1 For IN THIS SPACE is I | ess than 20, enter "20." | NDDIT. FEE | | OR AC | TOTAL DDIT. FEE | |